## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

4-30-07 Date: Address: PO 07-030D Case #: POSEY COUNTY NARCOTICS UNIT County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Residence Operational Lab Hotel/Motel Chemical/Glassware/Equipment (only) Outbuilding Open – No Structure ✓ Dumpsite (only) Vehicle Items Found (check all that apply) Child under age 18 discovered (check one) Lithium/Ammonia Reaction(s) (number present) Red Phosphorous/Iodine Reaction(s) Flammable Solvents \*If yes, fax report to Child Protective Services Water Reactive Metal (Lithium) Anhydrous Ammonia Hydrochloric Acid Gas Generator(s) Corrosive Acid Corrosive Base Other: Empty campine fuel caus empty & punctured state to Fund CANS EMPTY MASON JARS, PLASTIC TUBING, ENATY SALT BOXES, This report is to be faxed to the following agencies that serve the location: Health Department: Alexand Fire Department:

Health Department:

Child Protective Services Department: POSSY CO. HSALTH DOPT. FAX 812-838-9561 For further information regarding this methamphetamine laboratory, contact the investigating officer listed below. Investigating Officer:

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.